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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 26.10
TITLE: RADIONUCLIDE IMAGING PROCEDURES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(b)(2)(vii) and (c)(2)(ix)

I. EFFECTIVE DATE

October 12, 1984

II. PROCEDURE CODE(S)

78000-79999

III. POLICY

A. Radionuclide imaging is covered when medically appropriate; however, the following procedures are seldom indicated and require special written justification:

1. 78070 - Parathyroid Nuclear imaging - Computerized Tomography (CT) is superior to radionuclide parathyroid imaging, including its use with selenium-75 selenomethionine.

2. 78299 - GI Nuclear Procedure - Radionuclide liver function study with hepatobiliary agents, with probe technique - when available, computer-assisted radionuclide liver function study is superior.

3. 78299 - GI Nuclear Procedure - Radionuclide pancreas imaging - Computerized tomography and ultrasound are superior to radionuclide pancreas imaging, including its use with selenium-75 selenomethionine.

4. 78299 - GI Nuclear Procedure - Gastrointestinal fat absorption with radioiodinated triolein - Surpassed by other studies.

5. 78704 - Imaging Renogram - Radionuclide kidney imaging with function study (i.e., imaging renogram) - When available, computer-assisted renal scintigraphy study is superior to radionuclide kidney imaging with function study, including its use with I-131 hippuran and external scintillation probes.

B. Indium¹¹¹ Pentetreotide (Octreoscan) Scintigraphy is covered for:

1. The localization and monitoring of treatment of primary and metastatic neuroendocrine tumors.

2. Other indications when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).

END OF POLICY